

# Hepatitis C Report Form

## Patient

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Male ☐ Female

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**REQUIRED:** Town: \_\_\_\_\_

**REQUIRED:** County: \_\_\_\_\_

Race: (check all that apply):

☐ White ☐ African American ☐ Native American ☐ Hawaiian/Pacific Islander ☐ Asian ☐ Other \_\_\_\_\_

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

## Provider

Reporting Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Practice: \_\_\_\_\_

## REQUIRED: Diagnosis

An acute case is one in which there is an acute illness with 1) discrete onset of symptoms consistent with acute viral hepatitis, AND 2) jaundice or serum alanine aminotransferase (ALT) levels > 400 IU/L.

☐ Acute HCV Infection ☐ Chronic or Resolved HCV Infection ☐ False positive result

## Lab Report

Lab Report Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Specimen collected \_\_\_\_/\_\_\_\_/\_\_\_\_ Reported to VDH: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Ordered Tests:

	Positive	Negative	Unkn	Date	Hepatitis C
Antibody Test (anti-HCV by EIA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
Supplemental anti-HCV assay (eg RIBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
HCV RNA (eg PCR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
IgM antibody to hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
Hepatitis B surface antigen (HbsAg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
Total antibody to hepatitis B core antigen (anti-HBc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	

## Symptoms (for possible acute cases only)

Acute symptoms ☐ Yes Date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_ Please list \_\_\_\_\_  
☐ No

Jaundice ☐ Yes Date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ No

Liver Enzyme levels: ALT/SPGT: \_\_\_\_\_ AST/GOT: \_\_\_\_\_

Previous negative hepatitis C antibody test: ☐ Yes ☐ No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_